

**CLAIMS ONLY**

Application Number

Application Number  
101617330

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	/
2						/
3						/
4						/
5						/
6						/
7						/
8						/
9						/
10						/
11						/
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41						/
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43						/
44						/
45						/
46						/
47						/
48						/
49						/
50						/
Total Indep					2	
Total Depend					5	
Total Claims					7	

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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54						
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100						
Total Indep						
Total Depend						
Total Claims						